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MULTIPLE DEPENDENT CLAIM					Application Number			Filing Date			☐ To be Mailed		
FEE CALCULATION SHEET					10/510,935			01 April, 2005					
		for Form l with Form P			Applicant(s) MASSEN, ROBERT						Page 1 of 1		
	(1 or use	William Collins			* May be used for additional claims or amendm					or amendme	ents		
CLAIMS	AS FILED		AFTER FIRST		AFTER SEC.		*			*		*	
			AMENDMENT 06/26/2008		AMENDMENT								
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Total Claims			33				Total Claims						

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